

Wren Systems

An Independent Review Organization
3112 Windsor Road #A Suite 376
Austin, TX 78703
Phone: (512) 553-0533
Fax: (207) 470-1064
Email: manager@wrensystems.com

AMENDED NOTICE OF INDEPENDENT REVIEW DECISION

Date of Notice of Amended Decision: April 24, 2010

DATE OF REVIEW:

Feb/23/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Foot Orthotics (L3020, 2 units, Foot Insrt Remv Mold Pd MDL LNGTUDNL/MT)

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

MD, Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines

Adverse Determination Letters, 8/24/09, 11/24/09

M.D., P.A. 5/14/08

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male injured on xx/xx/xx while employed. Records state his past medical history is significant for depression, anxiety, diabetes, weight gain, bowel problems and sexual problems. On 5/23/05, he was seen by Dr. MD, for right low back pain radiating laterally and into the pelvis and penis. On 6/15/05, exam notes state he had left elbow pain and low back pain on the right lower abdomen and the left testicle and anal area. On 7/15/05, an MRI of the lumbar spine indicated at L1-L2 a 2mm disc bulge which mildly indents thecal sac. L5-S1 in extension there is a 3.1mm bulge that abuts the thecal sac and the nerve root sleeve. Moderate foraminal narrowing in extension and marked narrowing with lateral bending is noted. Mild facet arthrosis is noted. The claimant participated in physical therapy, had lidoderm patches and ibuprofen. On 9/9/05, he complained of numbness in the left foot, occasional testicular pain and neck pain. In 2006, he had 1 series of epidural steroid injections. On 4/26/07, he was put at MMI with 5% whole person impairment. The claimant was seen by a neurosurgeon in August 2007 and complained of low back pain with right groin

pain and testicular pain. On 10/10/07 a lumbar myelogram indicated no central or recess stenosis, minimal annular bulging and foraminal encroachment minimal to mild. On 11/13/07, he had hernia surgery, which provided relief for the patient's groin pain. As of that date he still complained of low back pain on the right side "which shoots straight through to the lower abdomen and the front and back of his left thigh and right knee area. There is numbness lateral left knee and 3 lateral toes, left foot." The claimant was hospitalized on 5/10/08 for a blood clot in the left leg. As of 5/22/08, the patient was on Coumadin and wore a support stocking. He has diabetes. According to an evaluation dated 5/14/08, "the examinee's present symptoms appear to be predominantly psychosocial in nature with some leg symptoms which would be related to diabetic neuropathy."

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

This request does not conform to Official Disability Guidelines and Treatment Guidelines. There is no discussion within the medical records as to what the medical necessity for a pair of orthotics would be. The reviewer finds that medical necessity does not exist for Foot Orthotics (L3020, 2 units, Foot Insrt Remv Mold Pd MDL LNGTUDNL/MT).

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)